

## UNITED STATES DISTRICT COURT

FOR THE MIDDLE RECEIVED District of ALABAMA

David Allen #150171/2006 NOV 15 A 11:48

Plaintiff

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

V.

DEBRA P. HACKETT, CLERK  
U.S. DISTRICT COURT  
MIDDLE DISTRICT ALA

Warden III Gwendolen Mosley et al.

CASE NUMBER:

2:06cv1020-MHT

Defendant

I, David Allen declare that I am the (check appropriate box)☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)If "Yes," state the place of your incarceration EASTERVING COR. FAC. CLID. ALABAMAAre you employed at the institution? NO Do you receive any payment from the institution? NO☒ Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. 1987 "COCA-COLA PLANT IN WESTPOINT GEORGIA \$310.00 A WEEK. I HAVE BEEN LOCKED UP FOR 19 YEARS

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |   |                             |
|---|---|-----------------------------|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| f. Any other sources                              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

SCANNED  
FOR 11/15

AO 240 Reverse (Rev. 10/03)

MY MDM. AND MY SISTER ARE MY SOLE CARE GIVERS. I MAY RECEIVE 30 TO 100 DOLLARS A MONTH FROM EITHER ONE OF THEM "DEPENDING". MAY I ASK THAT I BE ALLOWED TO HAVE INDIGENT STATUS INITIALLY AND BE TAXED ACCORDINGLY OFF OF MY PRISON ACCOUNT AS THIS HONORABLE COURT SEES FIT. MY CURRENT BALANCE IS \$10.00 DOLLARS.

4. Do you have any cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes," state the total amount. \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I declare under penalty of perjury that the above information is true and correct.

11-9-2006

Date

Lincoln David Allen

Signature of Applicant

**NOTICE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

RECEIVED

IN THE UNITED STATES DISTRICT COURT, FOR THE  
MIDDLE DISTRICT OF ALABAMA NORTHERN DIVISIONRECEIVED  
U.S. DISTRICT COURT  
MIDDLE DISTRICT ALA

David Allen #B/150171

Plaintiff

vs.

Warden III Gwendolyn Mosley,

Captain. Knox

Defendants

2:06 cv 1020 -MHT

## Motion TO Proceed IN FORMA PAUPERIS

Plaintiff Lincoln David Allen moves this Honorable Court for an order allowing him to proceed in this case without prepayment of fees, costs or security therefore, and for grounds therefore submits the attached sworn Affidavit in support of the motion.

Lincoln David Allen #150171

Plaintiff NAME, #AIS.

**FUNDS WITHDRAWAL REQUEST  
EASTERLING CORRECTIONAL FACILITY  
P.O. BOX 10  
CLIO, ALABAMA 36017**

NAME David Allen AIS # 150171 DORM # SB-4

REQUESTED FOR: ( ) HOBBYCRAFT SUPPLIES (X) COPIES

( ) FAMILY MEMBERS ( ) OTHER—Explain briefly MAK I

PLEASE HAVE A COPY OF MY P.M.D.D. FOR  
THE PAST (6) SIX MONTHS I.E. ONE (1) COPY

BRIEF EXPLANATION FOR REQUEST In order to file  
into court "IN FORMA PAUPERIS"

\*\*\*\*\*  
AMOUNT OF FUNDS YOU WANT DEDUCTED NOMINAL FEE

NAME TO SENT TO \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\*\*\*\*\*  
APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ WARDEN \_\_\_\_\_  
\*\*\*\*\*

INMATE SIGNATURE David Allen DATE \_\_\_\_\_

SIGN IN PRESENCE OF OFFICER OR SUPERVISOR

SIGNATURE OF WITNESS: \_\_\_\_\_  
DOC PERSONNEL

Print Name & Sign

ATTACH STAMPED-ADDRESSED ENVELOPE IF APPLICABLE  
PUT IN REQUEST BOX



See Back of request →



TO: Business office

TO: Business office

Hand MAIL

Hand MAIL

Plaintiff unable to obtain a copy  
of P.M.O.D. for verification of his  
monies in support of his request  
to proceed in forma pauperis.

Statement of Plaintiff:

I try to get it done but no  
body help me.

11-9-06  
Date

Lincoln David Allen #150171

Plaintiff name #AIS.